

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709812

1. Entity Name

FLORIDA PUBLIC SCHOOL BUS DRIVERS ASSOCIATION, I

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90069 037 ****61.25

00000714



DO NOT WRITE IN THIS SPACE

Principal Place of Business
306 MAGNOLIA WAY
LADY LAKE FL 32159
US

Mailing Address
306 MAGNOLIA WAY
LADY LAKE FL 32159-5113
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 50-1717939
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JEWELL H. MOBLEY
8460 S.E. 132 LANE
SUMMERFIELD FL 34491

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TDS	<input type="checkbox"/> Delete
NAME	JEWELL H. MOBLEY	
STREET ADDRESS	8460 S.E. 132 LANE	
CITY-ST-ZIP	SUMMERFIELD FL 34491	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNISH, ELIZABETH	
STREET ADDRESS	306 MAGNALEN WAY	
CITY-ST-ZIP	LADY LAKE, FL 32459	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBARA RODRIQUEZ	
STREET ADDRESS	10211 NO 23RD ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BETTY BERKOWITZ	
STREET ADDRESS	17310 SE 66 PLACE	
CITY-ST-ZIP	OKAWAHA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	306 MAGNOLIA WAY	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	TAMPA, FL 33612	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	OKLAWAHA FL 32179	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jewell H. Mobley 352
1-15-2000 345-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)